

HAWAII STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM MAR 17 A10 51

(See back of this form for instructions) STATE OF HAWAII STATE ETHICS COMMISSION (Type or Print Clearly) LOBBYIST PART I NAME(Last) (First) (Middle) TELEPHONE Hirano, Amy C. 536-5688 MAILING ADDRESS (Street) (City) (State) (Zip Code) 84 N. King Street Honolulu, 96817 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE Pacific Management Consultants, Inc. 536-5688 MAILING ADDRESS (Street) (City) (State) (Zip Code) 84 N. King Street Honolulu, 96817 HI **ORGANIZATION** PART II NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) TELEPHONE Norwegian Cruise Line 305-436-4200 MAILING ADDRESS (Street) (City) (State) (Zip Code) 7665 Corporate Center Drive Miami, FL33126 NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT TELEPHONE MAILING ADDRESS (Street) (City) (State) (Zip Code) **DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY** PART III ____ Agriculture Human Services Science, Technology & Economic Development Education Government Operations & Intergovernmental Relations, X Tourism & Recreation Communications & **Public Utilities** International Affairs Labor & Employment Consumer Protection & Hawaiian Affairs X Transportaion Commerce Culture, Arts, Historic Health Planning, Land & Water Other: (indicate below) Preservation Use Management Ecology, Energy, Environmental Protection Housing Public Safety & Corrections **PART IV** CERTIFICATION OF LOBBYIST I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. terano (Signature of Lobbyist) **AUTHORIZATION TO LOBBY PART V** TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED NAME Senior Vice President & General Counsel Robert M. Kritzman TELEPHONE NAME OF ORGANIZATION (if applicable) 305-436-4200 Norwegian Cruise Line (Zip Code) (City) (State) MAILING ADDRESS (Street) 33126 Miami, 7665 Corporate Center Drive named person to engage in lobbying activities on behalf of the undersigned. I hereby authorize the above

(Signature of Authorizing Officer or Person Represented)